



GRAND SALINE HOUSING AUTHORITY

Grand Saline, Texas

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

# PHA Plan Agency Identification

PHA Name: Grand Saline Housing Authority
PHA Number: TX336v02
PHA Fiscal Year Beginning: (mm/yyyy) 07/01/01
PHA Plan Contact Information:
Name: Linda Beeler Phone: 903/962-4031 TDD: Email (if available): gsha@gower.net
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)
Main administrative office of the PHA  PHA development management offices
Display Locations For PHA Plans and Supporting Documents
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)
Main administrative office of the PHA  PHA development management offices  Main administrative office of the local, county or State government  Public library  PHA website  Other (list below)
PHA Plan Supporting Documents are available for inspection at: (select all that apply)
Main business office of the PHA  PHA development management offices  Other (list below)
PHA Programs Administered:
□ Public Housing and Section 8 □ Section 8 Only □ Public Housing Only

#### Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

#### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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$\boxtimes$	Other (List below, providing each attachment name)	
	other (List below, providing each attachment hame)	
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#### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Grand Saline Housing Authority is a provider of low cost homes

For those unable to find adequate or affordable housing, and we will assist residents in achieving selfsufficiency and upward mobility.

Our residents and others shall be treated with dignity and respect, and we will continually strive to improve the quality of life for all residents of the community.

We are dedicated to achieving our organizational objectives through the pride and commitment to excellence by the board of commissioners and staff.

#### Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Grand Saline Housing Authority has submitted a budget revision for the 2000 CFP grant in order to be in compliance with Fair Housing and Equal Opportunity. Also Grand Saline Housing Authority will move the work items originally in the 2000 CFP to the 2001 and all fours years will be moved in sequence to follow.

Grand Saline Housing Authority has implemented the Family Pet Policy

2. Capital Improvement Needs
[24 CFR Part 903.7 9 (g)]
Exemptions: Section 8 only PHAs are not required to complete this component.
A. ⊠Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$200,107.00
C. ■Yes □ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
D. Capital Fund Program Grant Submissions

#### (1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment B

#### (2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

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HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

3. <b>Demolition ar</b> [24 CFR Part 903.7 9 (h)]	
Applicability: Section 8	only PHAs are not required to complete this section.
1. ☐ Yes ⊠ No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)
2. Activity Description	on
	Demolition/Disposition Activity Description
(Not including A	Activities Associated with HOPE VI or Conversion Activities)
1a. Development nan	ne:
1b. Development (pro	oject) number:
2. Activity type: Der	<u></u>
Dispo	_
3. Application status	(select one)
Approved _	
· •	ending approval
Planned appli	
4. Date application ap	oproved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units at	fected:
6. Coverage of action	n (select one)
Part of the	e development
Total dev	elopment
7. Relocation resourc	es (select all that apply)
Section 8	
Public hou	
Preference	e for admission to other public housing or section 8
	sing for units (describe below)
8. Timeline for activ	
a. Actual or	projected start date of activity:
	projected start date of relocation activities:
c. Projected e	nd date of activity:
4. Voucher Hom [24 CFR Part 903.7 9 (k)] A. ☐ Yes ☒ No:	Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and
	complete questions for each program identified.)

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B. Capacity of the PHA to Administer a Section 8 Homeownership Program
The PHA has demonstrated its capacity to administer the program by (select all that apply):
Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):
5. Safety and Crime Prevention: PHDEP Plan 24 CFR Part 903.7 (m)]
Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
A. ☐ Yes ☑ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$
C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
D. Yes No: The PHDEP Plan is attached at Attachment
6. Other Information 24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board (RAB) Recommendations and PHA Response
1. ☐ Yes ☑ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached as Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
The PHA changed portions of the PHA Plan in response to comments

	A list of these changes is included
	Yes No: below or
	Yes No: at the end of the RAB Comments in Attachment
	Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment
×	Other: (list below) Residents did not show for the meeting.
	nent of Consistency with the Consolidated Plan blicable Consolidated Plan, make the following statement (copy questions as many times as necessary).
roi eacii apj	oncable Consolidated I fail, make the following statement (copy questions as many times as necessary).
1. Consol	idated Plan jurisdiction: (provide name here)
	State of Texas
	IA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan jurisdiction: (select all that apply)
⊠	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
	The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
	The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
	Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
	Other: (list below)
3. PHA I	Requests for support from the Consolidated Plan Agency
☐ Yes 🛚	No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
	onsolidated Plan of the jurisdiction supports the PHA Plan with the following actions and mmitments: (describe below)
A.	Promote adequate and affordable housing

- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

#### C. Criteria for Substantial Deviation and Significant Amendments

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

Substantial Deviation from the 5-year Plan:

Any change to Mission statement such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

Grand Saline Housing Authority has change the 5-year plan. In order to be in compliance with Fair Housing and Equal Opportunity.

#### **B.** Significant Amendment or Modification to the Annual Plan:

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30-day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

Grand Saline Housing Authority has submitted budget revision for the 2000CFP. In order to be in compliance with Fair Housing and Equal Opportunity.

Grand Saline Housing Authority has amended the ACOP to be in compliance with Fair Housing and Equal Opportunity.

Amendment A to the Admissions and Continued occupancy Policy (ACOP) Delete the following Section

IX. The Waiting List, A. General Management Paragraph 2. Page 30. The Authority, at its discretion, may restrict application intake, suspend application intake, and close Waiting Lists in whole or in part. The Authority may open or close the list by unit size or type available.

Section IX The Waiting List, B. Closing the Waiting List page 30. Delete this section in it's entirety.

XIII. Tenant Selection and Assignment C. Assignment Plan paragraph 3, page 39.Reads as follows:

The applicant has three (3) working days from the date the offer is made (by phone, registered mail or the method of communication designated by the applicant) to accept the offer.

Should be changed to read as

The applicant has ten (10) working days from the date the offer is made (by phone, registered mail or the method of communication designated by the applicant) to accept the offer.

The Grand Saline Housing Authority has exceeded the public display requirements by having all documents available at the main office of the Grand Saline Housing Authority. At which time the 45-day comment period had expired. The Board of Commissioners adopted the budget revision and the amended to the ACOP.

# Attachment A Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

	List of Supporting Documents Available for Review				
Applicable & On Display	Component				
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans			
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans			
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans			
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs			

List of Supporting Documents Available for Review				
Applicable &	Supporting Document	Related Plan Component		
On Display		4 1 101		
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources		
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies		
N/A	Any policy governing occupancy of Police Officers in Public Housing  check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies		
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies		
N/A	Public housing rent determination policies, including the method for setting public housing flat rents  Check here if included in the public housing A & O Policy (Ceiling Rents are still ineffect)	Annual Plan: Rent Determination		
X	Schedule of flat rents offered at each public housing development  Check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination		
N/A	Section 8 rent determination (payment standard) policies  check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination		
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance		
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations		
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency		
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations		
N/A	Any required policies governing any Section 8 special housing types  check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance		
X	Public housing grievance procedures  Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures		
N/A	Section 8 informal review and hearing procedures  check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures		

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs			
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs			
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs			
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs			
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition			
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing			
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership			
N/A	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership			
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency			
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency			
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency			
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency			
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention			

List of Supporting Documents Available for Review				
Applicable & On Display	Related Plan Component			
N/A	PHDEP-related documentation:  Baseline law enforcement services for public housing developments assisted under the PHDEP plan;  Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);  Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;  Coordination with other law enforcement efforts;  Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and  All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention		
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)  Check here if included in the public housing A & O Policy	Pet Policy		
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit		
	Troubled PHAs: MOA/Recovery Plan  Other supporting documents (optional) (list individually; use as many lines as necessary)	Troubled PHAs (specify as needed)		

#### ATTACHMENT B **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary Grant Type and Number TX21P33650201 **PHA Name: Grand Saline Housing Authority** Federal FY of Grant: Capital Fund Program: CFP 2001 Capital Fund Program Replacement Housing Factor Grant No: **⊠**Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Final Performance and Evaluation Report Performance and Evaluation Report for Period Ending: Line | Summary by Development Account **Total Estimated Cost Total Actual Cost** No. Revised **Expended Original Obligated** Total non-CFP Funds 1406 Operations 1408 Management Improvements 3.000.00 1410 Administration 8,200.00 1411 Audit 1415 liquidated Damages 1430 Fees and Costs 21,217.00 1440 Site Acquisition 8 1450 Site Improvement 123,720.00 1460 Dwelling Structures 10 43,970.00 1465.1 Dwelling Equipment—Nonexpendable 11 12 1470 Nondwelling Structures 1475 Nondwelling Equipment 13 14 1485 Demolition 15 1490 Replacement Reserve 1492 Moving to Work Demonstration 16 17 1495.1 Relocation Costs 1498 Mod Used for Development 1502 Contingency 19 Amount of Annual Grant: (sum of lines 2-19) 20 200.107.00 Amount of line 20 Related to LBP Activities 21 Amount of line 20 Related to Section 504 Compliance 23 Amount of line 20 Related to Security Amount of line 20 Related to Energy Conservation Measures

# **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Grand Saline Housing Authority		Grant Type and Number Capital Fund Program #: TX21P33650201 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development General Description of Major Work Number Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
TX336-001	Replace existing sewer distribution system with new PVC lines at all units.	1450		78,450.00				

# **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Grand Saline Housing Authority		Grant Type and Number Capital Fund Program #: TX21P33650201				Federal FY of Grant: 2001		
		Capital Fund Progr Replacement I	am Housing Factor  #	:				
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity		mated Cost	Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
TX336-002	Remove existing kitchen cabinets and replace with new including new counter tops, Stainless steel sinks and trim	1460		43,970.00			-	

# **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

	Saline Housing Authority	Grant Type and Number Capital Fund Program #: TX21P33650201 Capital Fund Program			Housing Authority  Grant Type and Number Capital Fund Program #: TX21P33650201  Federal FY of Grant: 2001			
		Replacement	Housing Factor #	:				
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Ac	Total Actual Cost	
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
TX336-003	Replace existing sewer distribution system with new PVC lines at all units	1450		45,270.00				

# **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Grand Saline Housing Authority		Grant Type and Number Capital Fund Program #: TX21P33650201				Federal FY of Grant: 2001		
		Capital Fund Progr	am Housing Factor #	4.				
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity		nated Cost	Total Ac	Total Actual Cost	
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Proposed Work
TX336-HA								
	Hire a consultant to assist with annual plan	1408		3,000.00				
	Provide funds for sundry items	1410		1,200.00				
	Hire a part time non technical help	1410		7,000.00				
	Hire an architect to develop plans and specifications	1430		20,017.00				
	Provide funds for reproduction	1430		1,200.00				

# **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

**Part III: Implementation Schedule** 

PHA Name: Grand Saline	Housing Autho	ority Grant	Type and Nur	nber			Federal FY of Grant: 2001
			Capital Fund Program #: TX21P33650201				
				m Replacement Hou			
Development Number		Fund Obligate			ll Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide	(Qu	art Ending Dat	te)	(Q	uarter Ending Date	e)	
Activities					T		
	Original	Revised	Actual	Original	Revised	Actual	
TX336-001	9/30/03			9/30/04			
TX336-002	9/30/03			9/30/04			
TX336-003	9/30/03			9/30/04			
174550 005	7/30/03			7/30/04			
	0.10.0.10.0			2 /2 2 /2 4			
TX336-HA	9/30/03			9/30/04			

#### **Capital Fund Program 5-Year Action Plan**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	CFP 5-Year Action Plan		
<b>⊠</b> Original stateme			
Development	Development Name		
Number	(or indicate PHA wide)		
Tx336-001	Grand Saline Housing Authority		
Description of Need Improvements	ed Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start Date (HA Fiscal Year)
	rking lot at the Nutrition Center and replace with striping and wheel stops.	191,590.00	2002-2003
Total estimated cost	t over next 5 years	191,590.00	

	CFP 5-Year Action Plan		
Original statemen			
Development	Development Name		
Number	(or indicate PHA wide)		
Tx336-002	Grand Saline Housing Authority		
Description of Need Improvements	ed Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start Date (HA Fiscal Year)
Remove existing parand wheel stops	rking lot and replace with concrete including striping	200,000.00	2003-2004
Total estimated cost	over next 5 years	200,000.00	

	CFP 5-Year Action Plan		
⊠Original state	ment Revised statement		
Development	Development Name		
Number Tx336-003	(or indicate PHA wide)		
1 x330-003	Grand Saline Housing Authority		
Description of N Improvements	eeded Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start Date (HA Fiscal Year)
Remove existing and wheel stops	parking lot and replace with concrete including striping	250,000.00	2004-2005
Replace existing	fencing with new wood privacy fencing	37,170.00	2004-2005
Total estimated	cost over next 5 years	287,170.00	

	CFP 5-Year Action Plan		
<b>⊠</b> Original stateme	nt Revised statement		
Development	Development Name		
Number Tx336-HA	(or indicate PHA wide) Grand Saline Housing Authority		
1 хээо-на	Grand Same Housing Authority		
Description of Need Improvements	led Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start Date (HA Fiscal Year)
Provide funds for	sundry items	4,800.00	2002-2005
Hire an architect	to develop plans and specifications	80,068.00	2002-2005
Provide funds rep	production	4,800.00	2002-2005
Hire a consultant	to assist in developing Five Year / Annual Plan	12,000.00	2002-2005
Provide for maint	enance equipment	10,000.00	2002-2005
Provide office equ	ipment	10,000.00	2002-2005
Total estimated cost	t over next 5 years	121,668.00	

# **PHA Public Housing Drug Elimination Program Plan**

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

<b>Section 1: General Information/History</b>			
A. Amount of PHDEP Grant \$			
B. Eligibility type (Indicate with an "x")	N1 N2_	R	
C. FFY in which funding is requested			
D. Executive Summary of Annual PHDEP I			
In the space below, provide a brief overview of the PHDI outcomes. The summary must not be more than five (5) s		s of major initiatives or a	activities undertaken. It may include a description of the expected
E. Target Areas			
	Target Area (development o	or site where activities w	ill be conducted), the total number of units in each PHDEP Target
			et Area. Unit count information should be consistent with that
available in PIC.			
PHDEP Target Areas	Total # of Units within	Total Population to	1
(Name of development(s) or site)	the PHDEP Target	be Served within	
(Tumb of development(s) of site)	Area(s)	the PHDEP Target	
		Area(s)	
F. Duration of Program			
	quired) of the PHDEP Progr	am proposed under this	Plan (place an "x" to indicate the length of program by # of months.
For "Other", identify the # of months).		1 1	
12 Months 18 Months_	24 Months		
G. PHDEP Program History			
	e PHDEP Program (place ar	n "x" by each applicable	Year) and provide amount of funding received. If previously funded

programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of

Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

#### **Section 2: PHDEP Plan Goals and Budget**

#### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B.** PHDEP Budget Summary
Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Summary						
Original statement						
Revised statement dated:						
Budget Line Item	Total Funding					
9110 – Reimbursement of Law Enforcement						
9115 - Special Initiative						
9116 - Gun Buyback TA Match						
9120 - Security Personnel						
9130 - Employment of Investigators						
9140 - Voluntary Tenant Patrol						
9150 - Physical Improvements						

9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

#### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators		
1.									
2.									
3.									

9115 - Special Initiative			Total PHDEP Funding: \$				
Goal(s)					<u> </u>		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match						Total PHDEP Funding: \$				
Goal(s)					•					
Objectives										
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators			
1.										
2.										
3.										

9120 - Security Personnel				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Invest		Total PHDEP Funding: \$					
Goal(s)					1		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patr			Total PHDEP Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements	S			Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention			Total PHDEP Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention		Total PHDEP Funding: \$					
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment			Total PHDEP Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs			Total PHDEP Funds: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

# Required Attachment $\underline{\mathbf{D}}$ : Resident Member on the PHA Governing Board

1.	☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
A.	Name of resident member(s) on the governing board:
	Velma Carpenter
B.	How was the resident board member selected: (select one)?  ☐ Elected  ☑ Appointed
C.	The term of appointment is (include the date term expires): June 2004
	June 2000 through June 2004
2.	A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?  the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  Other (explain):
B.	Date of next term expiration of a governing board member: June 2004
C.	Name and title of appointing official(s) for governing board (indicate appointing official for the next position):
	Mayor of Grand Saline

# Required Attachment $\underline{E}:$ Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

There were no comments from the Resident Advisory Board as no residents showed up for the meeting.

ATT	ACHMENT F Annual Statement	Performance and Eva	luation Report					
	tal Fund Program and Capital Fund Pame: Grand Saline Housing Authority	Grant Type and Number TX21P	rogram Replacement Housing Factor (CFP/CFPRHF) Pa Grant Type and Number TX21P33650100 Capital Fund Program: CFP					
		Capital Fund Program	Replacement Housing Factor Gra	int No:				
Origin	al Annual Statement	☐Reserve for Disasters	s/ Emergencies 🛮 Revised A	Annual Statement (revisi	ion no: 1)			
<b>⊠</b> per	formance and Evaluation Report for Period Ending:	Final Performance and	Evaluation Report					
Line	Summary by Development Account	Total Estimate	<u> </u>	Total Ac	tual Cost			
No.	Summary by Development Account	Total Estimate	cu Cost	Total Ac	tuai Cost			
		Original	Revised	Obligated	Expended			
1	Total non-CFP Funds	9		<del>U</del>				
2	1406 Operations							
,	1408 Management Improvements							
	1410 Administration	1,200.00	8,203.00					
	1411 Audit							
)	1415 liquidated Damages							
	1430 Fees and Costs	24,217.00	24,217.00	23,017.00				
	1440 Site Acquisition							
	1450 Site Improvement	128,720.00	164,948.00					
0	1460 Dwelling Structures	45,970.00	156.00					
1	1465.1 Dwelling Equipment—Nonexpendable		2,583.00					
2	1470 Nondwelling Structures							
3	1475 Nondwelling Equipment							
4	1485 Demolition							
5	1490 Replacement Reserve							
6	1492 Moving to Work Demonstration							
7	1495.1 Relocation Costs							
8	1498 Mod Used for Development							
9	1502 Contingency							
0	Amount of Annual Grant: (sum of lines 2-19)	200,107.00	200,107.00	23,017.00				
1	Amount of line 20 Related to LBP Activities							
2	Amount of line 20 Related to Section 504 Compliance							
3	Amount of line 20 Related to Security							
4	Amount of line 20 Related to Energy Conservation							
	Measures							

# **Annual Statement/Performance and Evaluation Report**

# Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Gran	PHA Name: Grand Saline Housing Authority				Federal FY of Grant: 2000			
				X21P3365010				
		Capital Fund P						
	T		ent Housing F					
Development	General Description of Major Work Categories	Dev. Acct	Quantity	Total Estin	mated Cost	Total Ac	tual Cost	Status of
Number		No.			1		T .	Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
TX336-001								
	Replace existing sewer distribution system with	1450		80,450.00				
	new PVC lines at all units							
	In accordance with Uniform Federal Accessibility	1450			56,122.00			
	Standards - Provide an accessible route that							
	connects all parts of every facility Widen all							
	sidewalks leading to the laundry room, community							
	room, mailboxes and playground							
	In accordance with Uniform Federal Accessibility	1450			12,629.00			
	Standards - provide ramps to all accessible parking							
	In accordance with Uniform Federal Accessibility	1450	3		250.00			
	Standards -provide taller poles for handicapped							
	parking space signage							
	In accordance with Uniform Federal Accessibility	1450			2,500.00			
	Standards provide a shelter for mailboxes							
	Install new pea gravel for the playground area	1450			1,500.00			
	SUBTOTAL	1450		80,450.00	73,079.00			
	In accordance with Uniform Federal Accessibility	1460	3		78.00			
	Standards - Install lever handles on screen doors at							
	the handicapped units504 units							
	SUBTOTAL	1460			78.00			
	TX336-001 TOTAL			80,450.00	73,079.00			
	1AUJU-UUI IUIAL			00,730.00	73,077.00			

# **Annual Statement/Performance and Evaluation Report**

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Gran	PHA Name: Grand Saline Housing Authority				Federal FY of Grant: 2000			
				X21P3365010				
		Capital Fund P						
		_	ent Housing F		T . 1 .	. 10	G	
Development	General Description of Major Work Categories	Dev. Acct	Quantity	Total Estimated Cost		Total Ac	ctual Cost	Status of
Number		No.	-	0::1		<del>                                     </del>		Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
TX336-002	T 1 '4 TI '6 TO 1 1 A '1'''	1450			20.504.00			
	In accordance with Uniform Federal Accessibility	1450			38,504.00			
	Standards - Provide an accessible route that connects all parts of every facility Widen all							
	sidewalks leading to the laundry room, community							
	room, mailboxes and playground							
	In accordance with Uniform Federal Accessibility	1450			4,179.00			
	Standards - provide ramps to all accessible parking							
	In accordance with Uniform Federal Accessibility	1450	1		90.00			
	Standards -provide taller poles for handicapped	1.00			70.00			
	parking space signage							
	In accordance with Uniform Federal Accessibility	1450			850.00			
	Standards provide a shelter for mailboxes							
	SUBTOTAL	1450			43,623.00			
	In accordance with Uniform Federal Accessibility	1460	1		26.00			
	Standards - Install lever handles on screen doors at							
	the handicapped units504 units							
	Remove existing kitchen cabinets and replace with	1460		45,970.00				
	new including new counter tops, stainless steel							
	sinks and trim							
	SUBTOTAL	1460		45,970.00	26.00			
	TX336-002 TOTAL			45,970.00	43,649.00			
	1 A 3 3 U- U U Z 1 U 1 A L			43,770.00	43,049.00			

# **Annual Statement/Performance and Evaluation Report**

# Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Gran	PHA Name: Grand Saline Housing Authority			X21P3365010	Federal FY of Grant: 2000			
		Capital Fund P Replacem	ent Housing F	actor #:				
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities			<u> </u>	Original	Revised	Funds Obligated	Funds Expended	Work
TX336-003								
	Replace existing sewer distribution system with new PVC lines at all units	1450		48,270.00				
	In accordance with Uniform Federal Accessibility Standards - Provide an accessible route that connects all parts of every facility Widen all sidewalks leading to the laundry room, community	1450			36,338.00			
	room, mailboxes and playground							
	In accordance with Uniform Federal Accessibility Standards - provide ramps to all accessible parking	1450			7,679.00			
	In accordance with Uniform Federal Accessibility Standards -provide taller poles for handicapped parking space signage	1450	2		180.00			
	In accordance with Uniform Federal Accessibility Standards provide a shelter for mailboxes	1450			1,700.00			
	SUBTOTAL	1450		48,270.00	45,897.00			
	In accordance with Uniform Federal Accessibility Standards - Install lever handles on screen doors at the handicapped units504 units	1460	2		52.00			
	SUBTOTAL	1460			52.00			
	TX336-003 TOTAL			48,270.00	45,949.00			

# ATTACHMENT F Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Gran	PHA Name: Grand Saline Housing Authority		nd Number	X21P33650	Federal FY of Grant: 2000			
		Capital Fund Capital Fund Factor #:		Replacemen				
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Ac	Status of Proposed	
Name/HA-Wide Activities				Original	al Revised	Funds Obligated	Funds Expended	Work
TX336-HA								
	Provide funds for sundry items	1410		1,200.00	1,200.00			
	Provide funds for non technical help	1410			7,003.00			
	SUBTOTAL			1,200.00	8,203.00			
	Hire an architect to develop plans and specification	1430		20,017.00	20,017.00			
	Provide funds for reproduction of prints	1430		1,200.00				
	Hire a consultant to assist with annual plan	1430		3,000.00	3,000.00			
	SUBTOTAL	1430		24,217.00	24,217.00			
	In accordance with Uniform Federal Accessibility Standards - level ramp at office at the top of the ramp	1450			2,337.00			
	In accordance with Uniform Federal Accessibility Standards -provide taller poles for handicapped parking space signage	1450	1		90.00			
	SUBTOTAL	1450			2,427.00			
	In accordance with Uniform Federal Accessibility Standards - Install on front loading washers at each laundry facility	1465	3		2,583.00			
	SUBTOTAL	1465			2,583.00			
	HA WIDE NEEDS TOTAL			25,417.00	37,430.00			

# ATTACHMENT F Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

PHA Name: Grand Saline	Housing Autho		Type and Nun			Federal FY of Grant: 2000		
		Capita	al Fund Program	m#: TX21P336	50100			
				m Replacement Ho				
Development Number	A11	Fund Obligate			Il Funds Expended	Reasons for Revised Target Dates		
Name/HA-Wide		art Ending Da		(Quarter Ending Date)			10000000 101 10 1300 1 01200	
Activities	(Qua	art Ending Da	(C)	(4	darter Ending Date	')		
Activities	0-1-1-1	D 1	A -41	0	D i 1	A -41		
	Original	Revised	Actual	Original	Revised	Actual		
TX336-001	9/30/02			9/30/03				
TX336-002	9/30/02			9/30/03				
TW22 ( 002	0/20/02			0/20/02				
TX336-003	9/30/02			9/30/03				
TX336-HA	9/30/02			9/30/03				

#### **CIAP BUDGET/Progress Report**

**PART I:** Summary

Comprehensive Improvement Assistance Program (CIAP)

Amount of line 13 Related to Section 504 Compliance

#### U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-004 (exp. 1/31/96

Public Reporting Burden for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of information Policies and Systems, U.S. Department of Housing And Urban Development, Washington, D. C. 20410-3600 and the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D. C. 20503. Do not send this completed form to either of these addresses. FFY of Grant Approval HA Name Modernization Project Number **Grand Saline** TX21P33690599 1999 0 Original CIAP Budget 0 Revised CIAP Budget/Revision Number O Final Progress Report X Progress Report for Period Ending 3/31/01 Line No. Summary by Development Account Total Funds Approved Total Funds Original Obligated Revised Expended 1 Total Non-CIAP Funds 2 1408 Management Improvements 3 1410 Administration 7,916.00 4 1415 Liquidated Damages 5 1430 Fees and Costs 19,934.00 14,381.00 6 1440 Site Acquisition 7 1450 Site Improvements 60,950.00 1460 Dwelling Structures 69,539.00 8 9 1465.1 Dwelling Equipment-Nonexpendable 10 1470 Nondwelling Structures 1475 Nondwelling Equipment 11 12 1495.1 Relocation Cost 4,025.00 0.00 13 Amount of CIAP Grant (Sum of lines 2-12) 162,364.00 14,381.00 0.00 Amount of line Related to LBP Testing 14 15 Amount of line 13 Related to LBP Abatement

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Progress Report PART 11: Supporting Pages U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Comprehensive Improvement Assistance Program (CIAP)

Development	Description of Work Items	Development		Funds Approved		Funds	Funds
Number		Account Number	Original	Revised Difference		Obligated	Expended
TX336-001	50 Dwelling Units						
TX336-001-1	Re-surface parking lot for 50 units	1450	26,450.00				
	SUBTOTAL	1450	26,450.00				
TX336-001-2	Install heavy duty security window screens on all units	1460	10,649.00				
	SUBTOTAL	1460	10,649.00				
	TX336-001 TOTAL		37,099.00				

Progress Report PART 11: Supporting Pages U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Comprehensive Improvement Assistance Program (CIAP)

Development	Description of Work Items	Development		Funds Approved		Funds	Funds	
Number		Account Number	Original	Revised	Difference	Obligated	Expended	
TX336-002	23 Dwelling Units							
TX336-002-1	Re-surface parking lot for 23 units	1450	34,500.00					
	SUBTOTAL	1450	34,5000.00					
TX336-002-2	Remove existing kitchen cabinets and replace with new including new counter tops, stainless steel sink and trim	1460	58,890.00					
	SUBTOTAL	1460	58,890.00					
	TX336-002 TOTAL		93,390.00					

Progress Report PART 11: Supporting Pages

Comprehensive Improvement Assistance Program (CIAP)

# U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Development	Description of Work Items	Development		Funds Approved	Funds	Funds	
Number		Account Number	Original	Revised	Difference	Obligated	Expended
ТХ336-НА							
TX336-HA-1	'Housing Authority needs part time help during the CIAP including non technical help.	1410	6,716.00				
TX336-HA-2	Housing Authority needs sundry planning funds for advertisement and travel.	1410	1,200.00				
	SUBTOTAL	1410	7,916.00				
	Housing Authority needs on-site inspector to monitor work in progress.	1430	4,553.00				
	Housing Authority needs Architect/Engineer to develop drawings and specifications, carry out bid procurement, administer contract and make on-site observation of work in progress	1430	14,381.00			14,381.00	
	Provide funds for reproduction	1430	1,000.00				
	SUBTOTAL	1430	19,934.00			14,381.00	
	Provide funds for relocation	1495	4,025.00				
	SUBTOTAL	1495	4,025.00				
	HA WIDE NEEDS TOTAL		31,875.00				
	GRAND TOTAL		162,364.00			14,381.00	

**PART III:** Implementation Schedule Comprehensive Improvement Assistance Program (CIAP)

#### and Urban Development Office of Public and Indian Housing

Development	First Arch	nitect/Engineer Contra	act Awarded		All Funds Obligated	d	All Funds Expended			
Number	Original	Revised (Attach explanation	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	
Tx336	12/31/99		1/02/00	9/30/01			9/30/02			